



Speaking up for better care

Healthwatch Bath & North East Somerset
annual report 2025/26

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A message from our CEO

This year we have:

- Engaged unpaid carers, refugees, LGBTQ+ communities and people in deprived areas to ensure diverse voices were heard.
- Analysed experiences of food insecurity, self-harm support, NHS Health Checks and unpaid caring to identify inequalities and improvement opportunities.
- Shared evidence-based recommendations with providers, councils and system leaders to improve services and inform local strategies.
- Helped shape work on food insecurity, hypertension, self-harm support and communication needs in healthcare settings.
- Presented community insight to BSW decision-makers.
- Worked with Healthwatch Swindon and Wiltshire on shared projects, strengthening the collective influence of public voice.



CEO, TCF
Kevin Peltonen-
Messenger



Despite ongoing uncertainty around the future of Healthwatch, we have continued to ensure local people's experiences drive improvements in health and care. Through community engagement, targeted work with underserved groups, and collaboration across BSW, we have highlighted health inequalities, influenced local strategies, and strengthened public involvement in decision-making.

We are proud of our staff, volunteers, Local Advisory Group members and Healthwatch colleagues whose dedication has ensured independent patient voice remains at the heart of health and care.

About us

Healthwatch Bath & North East Somerset is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

In 2025/2026 we supported more than 4800 people to have their say and get information about their care. We employed 3 staff and, our work was supported by 23 volunteers.



Reaching out:

186 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

4735 people came to us for clear advice and information on topics such as making a complaint and where to get support after a child has been taken into care.



Championing your voice:

We published 5 reports about the improvements people would like to see in areas like being an unpaid carer, food insecurity and childhood vaccines.

Our most popular report was '[I can't make them accept help](#)', highlighting people's struggles when someone they are caring for refuses to accept help that could benefit them.



Statutory funding:

We're funded by **B&NES Council**. In 2025/26 we received **£123,556**, which is **7% less** than last year.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Bath and North East Somerset. Here are a few highlights.

Spring

Our new Local Advisory Group prioritised projects on NHS Health Check uptake, self-harm and hospital admissions as well as strengthening community insight and guiding engagement to address health inequalities.

We reported on how rising food insecurity is disproportionately affecting vulnerable groups and worsening health inequalities, contributing to poor diet, chronic disease, and mental health challenges.

Summer

We ran focus groups for members of the Asian community and people living in deprived areas about their experiences of hypertension support to help reduce identified inequalities.

Following extensive engagement with unpaid carers, we produced two reports setting out their experiences and priorities for change, highlighting what needs to improve to better support carers and the people they care for.

Autumn

We published our report on food insecurity. This highlighted the growing prevalence of food insecurity and the significant impact on people's physical and mental health.

We attended the Mental Health Day event in Bath. This gave us the chance to speak with members of the public about their experiences of mental health services as well as raise awareness of the services on offer.

Winter

We facilitated a discussion with members of KS2 Bath, a local peer support group for unpaid carers supporting individuals with mental health difficulties.

We undertook engagement activity to explore public and carer perspectives on the use and sharing of patient data across the local health and care system.

Working together for change

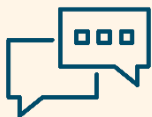
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Bath and North East Somerset are heard at the Integrated Care System (ICS) level, and they influence decisions made about services across B&NES, Swindon and Wiltshire.

This year, we've worked with Healthwatch across Bath and North East Somerset, Swindon and Wiltshire (BSW) to achieve the following:



A collaborative network of local Healthwatch:

Healthwatch Bath and North East Somerset, Swindon and Wiltshire collaborated on an unpaid carers project, highlighting the impact of caring for someone who chooses not to accept help that could benefit them. The project highlighted various areas that could be improved to offer better support to people caring for a loved one.



A big conversation:

We led a wide-ranging conversation with local people about how patient data should be used, bringing together the views of participants through surveys and focus groups.

The project highlighted that while there is strong public support for using health data to improve services and outcomes, this support is not unconditional and depends heavily on trust, transparency, and control.



Building strong relationships to achieve more:

Our work on communication in hospital was shaped through collaboration with a wide range of community organisations supporting people with diverse needs, including those with learning disabilities, dementia, sensory impairments and limited English.

By working closely with these groups, we brought together lived experience and professional insight. This partnership approach highlighted shared challenges and created a stronger, collective foundation for improving communication and patient care.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Bath and North East Somerset this year:



Creating empathy by bringing experiences to life

Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

We heard powerful testimonies of food insecurity, including skipping meals, prioritising feeding children, and anxiety about affording food. Many reported physical effects such as fatigue and poor nutrition, alongside significant mental health impacts like stress and low mood. These stories highlight how food insecurity affects dignity, wellbeing, and health.



Getting services to involve the public

By involving local people, services help improve care for everyone.

Through our Unpaid Carers project, we engaged people via surveys, interviews and attendance at local support groups, creating safe spaces to share their experiences. This activity highlighted the emotional and practical pressures carers face, particularly where support is refused, alongside gaps in accessible services. These insights helped co-produce recommendations to improve flexibility, awareness and tailored support for carers locally.



Improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

Through engagement with the NIHR Mental Health Research Group, we help ensure lived experience shapes research into children and young people's mental health.

This collaboration strengthens the evidence base for what works, identifies gaps in services, and supports co-designed solutions. By contributing insight from local communities, we help inform research that drives more effective, long-term improvements in care.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



From Crisis to Care: Strengthening Self-Harm Support Pathways

Last year, we spent time looking at self-harm support services in B&NES in order to enable improved access and outcomes for individuals at risk

As well as listening directly to people's experiences, we sought to speak with professionals working with self-harm as well as mapping the services available to people.

What did we do

We worked with local organisations to gather insight from young people with lived experience and their carers, using a mix of focus groups, one-to-one conversations, and opportunities to share feedback in different ways. We also engaged with a range of service providers across health, education and the voluntary sector to understand how current pathways operate in practice and where pressures and gaps are being felt.

Key things we heard:

People described trying to access support as confusing and exhausting, with unclear pathways, conflicting advice, and repeated referrals leaving them to navigate the system alone.

Many felt that meaningful support only became available at crisis point, with inconsistent thresholds and limited early help meaning needs often had to escalate before being taken seriously.

Long waiting times and fragmented services meant people experienced gaps in care, with little support while waiting and carers often left to manage risk without guidance.

Our work showed that access to health support is fragmented, delayed and unequal, with inconsistent thresholds, crisis-driven care, and limited support for people and carers.

What difference did this make?

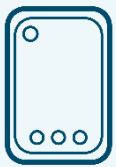
Completing this project has allowed us to share findings with partners, support action on recommendations, and carry out follow-up engagement to assess impact, track progress, and ensure lived experience continues shaping improvements to local mental health services.

Increasing uptake of the NHS Health Check to tackle health inequalities

We examined why uptake of the NHS Health Check for 40–74-year-olds remains uneven in Bath and North East Somerset, despite their role in identifying early signs of conditions like heart disease, stroke and diabetes.

Through surveys, face-to-face engagement and input from GP practices, we found that awareness is still limited, particularly among men, younger adults and those in lower-income communities who are most at risk.

Key things we heard:



78%

of respondents who attended a health check told us they found it useful

80%

of respondents who did not attend a health check said they hadn't received an invitation



"I'm not very engaged with health services but I get a lot of text messages from the surgery – I usually just delete them... as long as I'm feeling well then I'd rather not think about health."

We have worked with participants to identify how health checks can be better promoted to underserved groups, particularly men and younger people who are able to receive a check, to ensure better engagement can take place.

What difference did this make?

Our report is contributing to ongoing public health work programs designed to improve early identification and treatment of common health conditions. Findings, recommendations and patient experience is being shared with colleagues in Public Health to ensure the patient voice is central to plans being developed.

Hearing from all communities

We're here for all residents of **Bath & North East Somerset**. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Working with Bath Welcomes Refugees to ensure that refugees and asylum seekers had a chance to share their experiences of health and care
- Running focus groups for people living in the most deprived communities to help improve access to hypertension testing and treatment
- Reporting directly into the ICB about patients' thoughts on how their data should be used to support the NHS improve how they use patient information to better plan local services



Bath Welcomes Refugees – hearing from Ukrainian refugees

We reached out to Bath Welcomes Refugees to hear from members of the Ukrainian community.

We did this to support our project focusing on how people’s language and communication needs are met when they are in hospital. We attended their New Year social gathering to make initial contact and were able to follow up with two small focus groups with the invaluable support of a refugee member of their Advisory Group to support translation and interpreting.

What difference did this make?

This ensured that we included the voices of people who speak no or limited English, and who as refugees face additional barriers to accessing services, when we developed our recommendations for improving language and communication support with the Royal United Hospitals Trust.

LGBTQ+ communities

Healthwatch Bath and North East Somerset is a member of the local LGBTQ+ Network

In November we participated in the Trans Celebration event held in central Bath to gather feedback about the health and care issues that are of concern to members of the local Trans community.

What difference did this make?

By participating in the network and by using interactive approaches to engage the LGBTQ+ community, we have been able to share feedback with the Diversity Trust and the B&NES Council led Health Inequality Group, increasing awareness of health needs and helping plan the support on offer. We intend to build on this into our work programme for 2026–2027.

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year 4735 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



Diabetes event

Healthwatch Bath and North East Somerset teamed up with the Diabetic Eye Screening Service to host a diabetes wellbeing event in Bath

This provided an opportunity to give information to those living with or caring for someone with diabetes, to meet experts and services for advice and support, and to learn more about healthy living.

12 organisations were present including Bath Community Kitchen who provided a healthy food demonstration, tasting and Q & A session.

Attendees valued the opportunity to meet with a range of different service providers and to speak with others with Diabetes.

Hospital patient experience

An individual contacted our service after attending their local Emergency Department while experiencing suicidal thoughts. Although they were seen quickly, they left feeling the response from the professional involved was inappropriate and lacked sensitivity to their situation.

They came to us months later, not only to share what had happened, but to seek advice on the complaints process and help prevent others having a similar experience. We listened carefully, acknowledged their concerns, and provided clear information about raising a complaint.

We also outlined options to share feedback with the CQC and directed them to the hospital's Listening Service for further support and additional guidance on next practical steps.

Showcasing volunteer impact

Our fantastic volunteers have given **1373 hours** to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Supported Healthwatch at various community events to capture the voices of local people.
- Carried out Place Assessments at Hillview Lodge and St Martin to help them improve their services
- Engaged in partner meetings and research projects



At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.



Sigrid

Sigrid has a vast background of mental health and consultancy and wanted to volunteer with us to be involved in supporting local health development.

"Volunteering with Healthwatch has been a very positive experience because I am offered so much choice in how to become involved, and I never felt under any pressure to commit. It's been good to make use of my local knowledge and of previous experience in health and justice, especially when talking to service users and service providers."

Lily, a university student, did a 2-week placement with us and decided to continue as a volunteer.

"This placement has been an incredibly valuable experience. I had the opportunity to develop my research skills, particularly in a new area that I hadn't previously explored. One of the aspects I enjoyed most was the autonomy I was given in approaching the project. Although there was a clear structure and framework in place, I was encouraged to follow different directions with my research and explore ideas that interested me."



Lily

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



www.healthwatchbathnes.co.uk



01225 232 401



info@healthwatchbathnes.co.uk

Finance and future priorities

We receive funding from **B&NES Council** under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£83,556	Expenditure on pay	£106,024.67
Additional income	£52,991.67	Non-pay expenditure	£15,001.00
		Office and management fee	£8,348
Total income	£136,547.67	Total Expenditure	£129,373.67

Additional income is broken down into:

£40,000 received from B&NES Council to fund a coproduction role for years 1&2 (balance carried forward from Year 1)

Integrated Care System (ICS) funding:

Healthwatch across BSW received funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Community engagement with Asian and deprived communities to understand barriers to hypertension testing and treatment	£6,666.67
Community engagement activities across BSW to understand public views on new proposals for using patient data to plan local services	£6,325

Finance and future priorities

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, and people accessing Adult Social Care, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Experience of care
2. Access to services
3. Continuity and integration across health and care

Proposals to carry out projects linked to these priorities will be submitted to our Local Advisory Group for authorisation to proceed.

Statutory statements

Healthwatch Bath and North East Somerset is hosted by The Care Forum, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ

Healthwatch Bath and North East Somerset uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Local Advisory Group (LAG) consists of 6 members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our LAG ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2025/26, the LAG met 4 times and made decisions on matters such as the priorities for the year and where to carry out Enter & Views. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025/26, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website as well as sharing with the B&NES Health & Wellbeing Board, BSW ICB and partners who have supported our work throughout the year.

Statutory statements

Responses to recommendations

We had 0 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to the Health and Wellbeing Board as well as routinely share feedback with NHS providers to ensure patients voices are heard.

We also take insight and experiences to decision-makers in BSW. For example, along with Healthwatch in Swindon and Wiltshire, we presented insights from the Asian community and people living in deprived communities to the Hypertension Steering Group and Population Health Board. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Bath and North East Somerset is represented on the B&NES Health and Wellbeing Board by Amritpal Kaur – Healthwatch Bath and North East Somerset, Swindon and Wiltshire Manager.

During 2025/26, our representative has effectively carried out this role by ensuring public voice is included in all discussions as well as making members aware of the key issues and themes we hear from the public.

Healthwatch Bath and North East Somerset is represented on Integrated Care Partnerships by Amritpal Kaur and BSW Integrated Care Board by Kevin Peltonen-Messenger.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
No Enter & Views were carried out in 2025/26		

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
I can't make them accept help healthwatchbathnes.co.uk/report/2025-08-20/report-i-cant-make-them-accept-help	Increased awareness of carers caring for someone who does not accept help
The strain of unpaid caring healthwatchbathnes.co.uk/report/2025-08-29/report-strain-unpaid-caring	Amplified the voices of unpaid carers across B&NES, Swindon and Wiltshire
I eat once a week maybe healthwatchbathnes.co.uk/report/2025-10-22/report-i-eat-once-week-maybe-health-impacts-food-insecurity	Examined the health and wellbeing impact of food insecurity which fed into the development of the B&NES Food Strategy
Empowering the patient – how to increase the understanding and testing of high blood pressure healthwatchbathnes.co.uk/report/2025-11-25/report-empowering-patient-how-increase-understanding-and-testing-high-blood	This project fed directly into the ICB hypertension work programme to reduce health inequalities of Asian and deprived communities
How should patient data be used? healthwatchbathnes.co.uk/report/2026-06-18/report-how-should-patient-data-be-used	We supported the ICB to understand patients views on changes to local data sharing


Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
How are language and communication needs met for patients in hospital healthwatchbathnes.co.uk/report/2026-06-18/report-how-are-language-and-communication-needs-met-patients-hospital	Submitted recommendations on how hospitals can improve communication with people who do not speak English well and those with learning disabilities, autism, dementia, or sensory impairments
The NHS Health Check – increasing uptake to tackle health inequalities healthwatchbathnes.co.uk/report/2026-06-18/report-nhs-health-check-increasing-uptake-tackle-health-inequalities	Improved understanding of why men and younger eligible people do not engage with Health Checks
From Crisis to Care: Strengthening Self-Harm Support Pathways in B&NES healthwatchbathnes.co.uk/report/2026-06-26/report-strengthening-self-harm-support-pathways-bnes	Identified opportunities to improve support for people who self-harm

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